		Date:	
Plaintiff (s) Counsel Plaintiff Counsel Plaintiff Counsel	Address	Defense Counsel Name(s) Defense Counsel Address Defense Counsel Address	
RE		No:	
	_	٧.	
Dear Counsel:			
This will cat:	onfirm that an ar [place]	bitration hearing in this case will be held on:	[date]
and the ADR Prad must be deleted	ctitioner on or be in any document	, all exhibits and pleadings must be provided to fore [date] . All references as sent to the ADR Practitioner. Further, all sey may be served prior to the hearing date.	to insurance coverage
Your share	e of the ADR fee i	s due and must be paid to the Prothonotary pr	ior to the hearing.
		Very truly yours:	
		ADR Practitioner	

cc: Civil Case Manager